

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 375497	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Haskell County Nursing Center, Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 1402 Northwest 7th Street Stigler, OK 74462	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 30875</p> <p>Based on observation, record review, and interview the facility failed to update the comprehensive person-centered care plans to reflect the residents' current needs for four (#2, 19, 30, and #46) of 15 sampled residents whose care plans were reviewed.</p> <p>The administrator identified 58 residents resided in the facility.</p> <p>Findings:</p> <p>A Care Planning-Interdisciplinary Team policy, read in part, .This facility's Care Planning/Interdisciplinary Team is responsible for the development of an individualized comprehensive care plan for each resident . The resident, family members, and/or legal representative are encouraged to participate in the development of and revisions to the resident's care plan .</p> <p>1) Resident #2's current physician's orders dated 07/31/23, documented may apply oxygen via nasal cannula at 2-4 LPM to keep oxygen saturations above 92%.</p> <p>Resident #2's quarterly assessment dated [DATE] documented the resident had no cognitive impairments and was not on oxygen therapy.</p> <p>On 04/15/24 at 12:15 p.m., an oxygen concentrator and tubing were observed in resident #2's room and the resident reported they would use oxygen if needed.</p> <p>On 04/17/24 at 11:10 a.m., the MDS coordinator reported the oxygen was not captured on the MDS dated [DATE] and stated oxygen therapy was not on the plan of care but should be. They reported the resident had been on oxygen since 07/31/23.</p> <p>2) Resident #19's physician's orders dated 12/13/22 documented nurse to perform nail care with showers/baths and as needed.</p> <p>The shower sheet dated 04/09/24 documented the resident was already getting ready for bed and did not feel like taking a shower, resident refused to sign.</p> <p>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Resident #19's care plan dated 04/13/16 through 05/16/24, documented the resident often refuses showers, will take showers as scheduled, CNA to notify charge nurse if resident refuses showers, staff will encourage resident to take her showers on her scheduled days (Tuesday, Thursday, Saturday), staff will wake resident up at 08:30 every morning to eat breakfast and prepare for shower.</p> <p>On 04/16/24 at 10:09 a.m., Resident #19 reported they refused to sign the shower sheet because it was too late and they were already ready for bed when the staff asked them about a shower.</p> <p>On 04/16/24 at 01:01 p.m., the MDS coordinator was asked about the plan of care for showers. They reported the plan of care changed last week to 7:30 p.m., to 8:30 p.m., at night and the plan of care had not been updated, but they would update it now.</p> <p>3) Resident #30's physician's orders dated 11/24/22, documented, ensure resident is wearing CPAP at night when sleeping, one time a day related to sleep apnea.</p> <p>The quarterly assessment dated [DATE] documented the resident had no cognitive impairments and had a diagnosis to include sleep apnea and the CPAP was not captured under special procedures.</p> <p>Resident #30's care plan dated 11/02/22 through 04/21/24, documented resident has a diagnosis of sleep apnea, resident will have fewer episodes of sleep apnea, encourage resident to avoid caffeinated drinks before bedtime, provide resident with a quiet room when they are ready to go to sleep. The plan of care did not document the CPAP machine or the maintenance of the equipment.</p> <p>On 04/17/24 at 11:24 a.m., resident #30 reported they wore CPAP at night, the CPAP machine/tubing was observed on the table next to the resident's bed.</p> <p>On 04/17/24 at 11:50 a.m., LPN #2 reported they were aware resident #30 had CPAP, but they did not clean or change the CPAP tubing. They reported they only changed O2 tubing once a week on Thursday.</p> <p>On 04/17/24 at 11:55 a.m., the MDS coordinator was asked if resident #30 had a physician's order for CPAP. They stated they did not know if they were on CPAP. They checked the physician's orders and stated yes there was an order on 11/24/22. They were asked if CPAP was captured on the quarterly MDS dated [DATE]. They stated no, it was blank. They were asked if resident #30 had a plan of care for CPAP. They stated no, it's not on the sleep apnea diagnosis. They reported the last they knew the CPAP was stored in the top of the resident's closet.</p> <p>4) Resident #46's care plan dated 01/17/24, documented bolus 250 ml of Osmolyte Q 6 hours followed by 100 ml of H2O.</p> <p>Resident #46's quarterly assessment dated [DATE], documented, resident's cognition was severely impaired, with seizure disorder, anxiety, and functional quadriplegia.</p> <p>Resident #46's physician's orders dated 03/13/24, documented, Jevity 1.5 every 6 hours 237 cc each feeding.</p> <p>On 04/11/24 at 09:06 a.m., there was no redness around Resident #46's G-tube site and they had a protector (binder) around it to avoid pulling on the tube.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 04/11/24 at 11:54 a.m., ACMA #1 reported resident #46's feeding was scheduled at 12:30 p.m., and they would administer Jevity 1.5.</p> <p>On 04/16/24 at 01:29 p.m., the MDS coordinator was asked when would they update the plan of care. They stated with a new order and quarterly with a new MDS. They were asked when Resident #46's Jevity was ordered and they stated it was ordered on 03/13/24.</p> <p>On 04/16/24 at 03:21 p.m., the IP nurse was asked when they would update a plan of care. They stated usually if a major change or when we find a major change and sometimes things are missed until the quarterly review. They reported they were responsible for the Osmolyte and sometimes more than one of staff would update the plan of care. They reported the plan of care should have been updated when they received the Jevity order. The IP nurse was asked if the protector (binder) around the Resident #46's peg tube was included on the care plan. They reported it was not care planned, but should be care planned.</p>		